

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES



**NOTICE OF ACTION**

Notice Date: November 02, 2017  
Case Name: Tiffany Anderson  
SAWS Case Number: 2214203  
CalHEERS Case Number: 5005628478  
TDD - For Hearing Impaired : (800) 952-8349  
Worker Name: L Velasco  
Worker Number: 39LS011C07  
Worker Telephone: (209) 953-0801  
Office Hours: VARIABLE

Tiffany Anderson  
PO BOX 477  
LODI, CA 95241-0477

Questions? Ask your worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

We must check if Tiffany Anderson still qualifies for Medi-Cal once a year. We checked your case and Tiffany Anderson still qualifies for Medi-Cal because Tiffany Anderson's household income is below the Medi-Cal limit for his/her family size. Tiffany Anderson's Medi-Cal coverage will continue unless he/she is found no longer eligible. This could happen at the time any Anderson's eligibility is renewed or when his/her circumstances change.

We counted Tiffany Anderson's household size and your household income to make our decision. If the information we list for Tiffany Anderson's household size or income is not correct, please contact us to report Tiffany Anderson's updated information.

For Medi-Cal, Tiffany Anderson's household size is 1 and Tiffany Anderson's monthly household income is \$0.00. The monthly Medi-Cal income limit for Tiffany Anderson's household size is \$1,387.00. Tiffany Anderson's income is below this limit, so Tiffany Anderson qualifies for Medi-Cal.

W&I Code Section 14005.60; W&I Code Section 14005.64 is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

**Do you have any changes?**

Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

- You move
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county office using one of the following ways:

- Telephone: (209) 468-1000
- In person: 333 E WASHINGTON ST STOCKTON, CA 95202-3200



**Department of Health Care Services**

1501 Capitol Ave  
MS 4506, P.O. Box 997419  
Sacramento, CA 95899-7419

T356 P13 S207960 \*\*\*\*\*SCH 5-DIGIT 95240  
Tiffany Anderson  
PO Box 477  
Lodi CA 95241-0477



**Governor Edmund G. Brown Jr.**  
Jennifer Kent, *Director*

**Department of Health Care Services**  
*Revised January 2015*



# **YOUR HEARING RIGHTS**

*A Guide to  
Medi-Cal Fair Hearings*

**YOUR MEDI-CAL ELIGIBILITY AND BENEFITS ARE NOT CHANGED BY THIS NOTICE. IF SERVICES ARE DENIED, YOU WILL RECEIVE A SEPARATE NOTICE OF ACTION TO EXPLAIN WHAT SERVICES ARE BEING DENIED AND WHY.**

When a Medi-Cal service you want is not approved by a Medi-Cal field office or your managed care plan, you have the right to ask for a state hearing.

- In most cases you have 90 days to ask for a hearing.
- The 90 days start the day after the notice is mailed to you to notify you that the services you want will not be provided.
- You have a much shorter time to ask for a hearing if your benefits are being changed or taken away.
- This also applies to you if you belong to a Medi-Cal Managed Care Plan. If your doctor or other medical provider asks for a service your plan will not approve, or your plan will not continue to pay for a service you already have, you have a right to ask for a state hearing.

### **To keep the same benefits while you wait for a hearing**

You must ask for a hearing before the date that your benefits are changed or taken away so that you will receive the same benefits until your hearing.

### **To get help**

If you don't want to attend the hearing alone, you may bring a friend, relative, an attorney, or anyone else that you choose.

You may get free legal help at your local legal aid office or welfare rights group. Look in your local phone book for a telephone number.

### **How to ask for a state hearing**

Send your hearing request to:

California Department of Social Services  
State Hearings Division  
P.O. Box 944243  
Mail Station 9-17-37  
Sacramento, CA 94244-2430